

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-854)

SERIAL NO. 10049357 FILING DATE
APPLICANT(S)

2/16/04 CLAIMS

CLM.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1.						
2.						
3.						
4.						
5.						
6.	5					
7.	5					
8.	10					
9.	10					
10.					1	
11.					1	
12.					1	
13.					1	
14.					1	
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TOTAL IND.						
TOTAL DER.			9		16	
TOTAL CLMNS			10		10	

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100			
TOTAL IND.			
TOTAL DER.			
TOTAL CLMNS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS